## CHAPTER 1

## Medical Services

| Section | Subject   |
|---------|---|
| 1.1     | Sexual Dysfunctions, Paraphilias and Gender Identity Disorders                                |
| 2.1     | Office Visits   |
| 2.2     | Office Visits With Surgery (TRICARE Claimcheck)   |
| 3.1     | Home Services   |
| 4.1     | Hospital Care   |
| 4.2     | Inpatient Concurrent Care   |
| 4.3     | Outpatient Observation Stays  |
| 5.1     | Skilled Nursing Facility Visits   |
| 6.1     | Nursing Home Visits   |
| 7.1     | Emergency Department (ED) Services  |
| 8.1     | Consultations   |
| 9.1     | Immunization Injections   |
| 10.1    | TRICARE Standard - Clinical Preventive Services   |
| 10.1A   | TRICARE Prime - Clinical Preventive Services  |
| 10.2    | Papanicolaou (PAP) Tests  |
| 10.3    | Well-Child Care   |
| 10.4    | Routine Physical Examinations   |
| 11.1    | Chelation Therapy   |
| 12.1A   | Limit On Acute Inpatient Mental Health Care Effective October 1, 1991                         |
| 12.1B   | Limit On Residential Treatment Center (RTC) Care Effective October 1, 1991                    |
| 12.1C   | Preauthorization Requirements For Acute Hospital Psychiatric Care Effective October 1, 1991   |
| 12.1D   | Preauthorization Requirements For Residential Treatment Center Care Effective October 1, 1991 |
| 12.1E   | Preauthorization Requirements For Substance Use Disorder Detoxification And Rehabilitation    |
| 12.1F   | Psychiatric Partial Hospitalization Programs - Preauthorization And Day Limits                |
| 12.2    | Learning Disorders  |

| S | SECTION | Subject   |
|---|---------|---|
|   | 12.3    | Attention-Deficit/Hyperactivity Disorder  |
|   | 12.4    | Treatment Of Mental Disorders   |
|   | 12.5    | Psychological Testing   |
|   | 12.6    | Psychotherapy   |
|   | 12.7    | Family Therapy  |
|   | 12.8    | Psychotropic Pharmacologic Management   |
|   | 12.9    | Collateral Visits   |
|   | 12.10   | Mental Health Wraparound Demonstration  |
|   | 13.1    | Biofeedback   |
|   | 15.1    | Gastroenterology  |
|   | 15.2    | Continuous Exophageal pH Monitoring (CAEpHM)  |
|   | 16.1    | Ophthalmological Services - Basic Program   |
|   | 17.1    | Speech Services   |
|   | 17.2    | Audiology Services  |
|   | 17.3    | Hearing Aid Services  |
|   | 18.1    | Percutaneous Transluminal Coronary Angioplasty  |
|   | 18.2    | Radiofrequency Catheter Ablation  |
|   | 18.3    | Cardiac Rehabilitation  |
|   | 19.1    | Non-Invasive Peripheral Vascular Diagnostic Studies: Cerebrovascular Arterial Studies |
|   | 20.1    | Pulmonary Services  |
|   | 21.1    | Allergy Testing And Treatment   |
|   | 22.1    | Sensory Evoked Potentials (SEP)   |
|   | 22.2    | Neurology And Neuromuscular Services  |
|   | 22.3    | Functional Cortical Mapping   |
|   | 22.4    | Electronystagmography   |
|   | 24.1    | Dermatological Procedures - General   |
|   | 24.2    | Phototherapy And Photochemotherapy (PUVA)   |
|   | 25.1    | Physical Medicine/Therapy   |
|   | 25.2    | Osteopathic Manipulative Therapy  |
|   | 25.3    | Occupational Therapy  |

| Section | Subject                                   |  |  |
|---------|---|--|--|
| 25.4    | Chiropractic Manipulative Treatment       |  |  |
| 26.1    | Nutritional Therapy                       |  |  |
| 26.2    | Obstructive Sleep Apnea Syndrome (OSAS)   |  |  |
| 26.3    | Hyperbaric Oxygen Therapy                 |  |  |
| 26.4    | Chronic Fatigue Syndrome                  |  |  |
| 26.5    | Urgent Care                               |  |  |
| 26.6    | Diagnostic Genetic Testing And Counseling |  |  |
| 27.1    | Rehabilitation - General                  |  |  |